

**REQUEST FOR GRAPHIC ARTS  
AND/OR PHOTOGRAPHIC SERVICES****AUDIO VISUALS SERVICES CONTROL NO.**

GRAPHIC ARTS

PHOTO LAB

**INSTRUCTION:** To request both graphic arts and photographic services, submit to Audio Visuals Service in triplicate.  
To request only one type of service, submit in duplicate.

REQUESTING OFFICE AND PERSON TO CONTACT		MAIL ROUTING SYMBOL	TELEPHONE EXTENSION
DELIVERY DATE REQUESTED <i>(If applicable)</i>	SIGNATURE OF AUDIO VISUALS COORDINATOR		DATE

PURPOSE OR SUBJECT
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**GRAPHIC ARTS**

PRODUCT REQUESTED			
<input type="checkbox"/> CHART	<input type="checkbox"/> COPY FOR SLIDE	<input type="checkbox"/> COPY FOR VU-GRAPH	<input type="checkbox"/> SIGN
<input type="checkbox"/> OTHER <i>(Specify)</i>		<input type="checkbox"/> LETTERING ON CERTIFICATE	
QUANTITY	FINISHED SIZE X	COLOR <input type="checkbox"/> BLACK AND WHITE <input type="checkbox"/> OTHER <i>(Specify)</i>	

**STILL PHOTOGRAPHY**

SLIDES	NO. OF PIECES ATTACHED	NO. OF SLIDES OF EACH	SIZE <input type="checkbox"/> 35MM(2" X 2") <input type="checkbox"/> 3-1/4" X 4" <input type="checkbox"/> VU-GRAPH	
	TYPE <input type="checkbox"/> BLACK AND WHITE POSITIVE <input type="checkbox"/> BLACK AND WHITE NEGATIVE <input type="checkbox"/> OTHER <i>(Specify)</i>		MOUNTS <i>(Vu-graphs only)</i> <input type="checkbox"/> WIDE <input type="checkbox"/> NARROW	
COPY WORK	NO. OF PIECES ATTACHED	NO. PRINTS OF EACH	PRINT SIZE X	FINISH <input type="checkbox"/> MATTE <input type="checkbox"/> GLOSSY
REPRINTS	NO. PRINTS	PRINT SIZE X	FINISH <input type="checkbox"/> MATTE <input type="checkbox"/> GLOSSY	<i>Indicate under "Special instructions" if wider than 1/4" margins required</i>
PORTRAIT WORK	NO. PRINTS	PRINT SIZE X	FINISH <input type="checkbox"/> MATTE <input type="checkbox"/> GLOSSY	
	KIND <input type="checkbox"/> PORTRAIT <input type="checkbox"/> HEAD AND SHOULDERS <input type="checkbox"/> IDENTIFICATION PHOTO <input type="checkbox"/> PASSPORT <input type="checkbox"/> OTHER <i>(Specify)</i>			
SPECIAL PHOTOGRAPHY	PLACE		OCCASION	
	DATE	TIME	NO. OF PEOPLE IN PHOTO	NO. OF SHOTS DESIRED

SPECIAL INSTRUCTIONS
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**FOR AUDIO VISUALS SERVICE USE**

ROUTING	DUE OUT	IN	OUT	COMPLETED BY	WORK UNITS

REMARKS
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